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The Small Patent Law Group LLP
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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: July 5, 2006

Mail Stop: AF
Art Unit: 2671
Fax: 571-273-8300
From: Evan R. Sotiriou

: RE:
: Serial No.: 10/719,773
: Applicant: Erik N. Steen
: Filed: November 21, 2003
: Atty. Dkt. No.: 135273 (SPLG 12553-1042)
: Title: METHODS AND SYSTEMS FOR
: GRAPHICS PROCESSING IN A MEDICAL
: IMAGING SYSTEM

DOCUMENTS SUBMITTED WITH TRANSMISSION:

- Certificate of Facsimile Transmission (1 pg.)
- Request for Reconsideration in Response to the Office Action dated May 4, 2006 (3 pgs.)
- Amendment Transmittal (3 pgs., *in duplicate*)

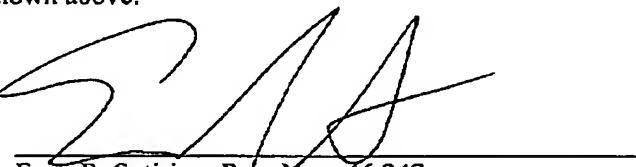
Total pages including cover page: 10

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I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number 571-273-8300, on the date shown above.

Date: July 5, 2006



Evan R. Sotiriou, Reg. No.: 46,247

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JUL 05 2006

PATENT

Attorney Docket No.: 135273 (SPLG 12553-1042)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Erik N. Steen	:	
Serial No.:	10/719,773	:	Group No.: 2671
Filed:	November 21, 2003	:	Examiner: Roberta D. Prendergast
For:	METHODS AND SYSTEMS FOR GRAPHICS PROCESSING IN A MEDICAL IMAGING SYSTEM	:	
		:	
		:	
		:	

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
 - Request for Reconsideration in Response to the Office Action dated May 4, 2006 (3 pgs.)
 - Amendment Transmittal (3 pgs., *in duplicate*)
 - Certificate of Facsimile Transmission (1 pg.)

STATUS

2. Applicant

claims small entity status.
 is other than a small entity.

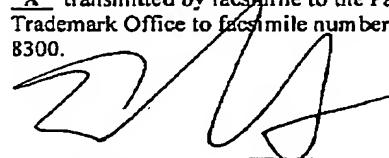
CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING
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Date: July 5, 2006

FACSIMILE
 _____ transmitted by facsimile to the Patent and Trademark Office to facsimile number (571) 273-8300.


 Evan R. Scirou
 Reg No.46,247

JUL 05 2006

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
second month	\$ 450.00	\$ 225.00
third month	\$ 1,020.00	\$ 510.00
fourth month	\$1,590.00	\$ 795.00
fifth month	\$2,160.00	\$1,080.00

Fee: _____ \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL	INDEP	MINUS	=	x \$25.00 = \$		x \$50.00 = \$
		MINUS	=	x \$100.00 = \$		x \$200.00 = \$
		<u>FIRST PRESENTATION OF MULTIPLE DEP. CLAIM</u>		+ \$180.00 = \$		+ \$360.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

Charge Deposit Account No. 07-0845 the sum of \$_____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 07-0845.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 07-0845.

7. Other:



Evan R. Sotiriou
Reg. No. 46,247
THE SMALL PATENT LAW GROUP LLP
611 Olive Street, Suite 1611
St. Louis, MO 63101
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JUL 05 2006

PATENT

Attorney Docket No.: 135273 (SPLG 12553-1042)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Erik N. Steen	:	Group No.: 2671
Serial No.:	10/719,773	:	Examiner: Roberta D. Prendergast
Filed:	November 21, 2003	:	
For:	METHODS AND SYSTEMS FOR GRAPHICS PROCESSING IN A MEDICAL IMAGING SYSTEM	:	
		:	
		:	

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
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 Na.: _____

Date: July 5, 2006

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 Evan R. Sotiriou
 Reg No.46,247

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 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

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fourth month	\$1,590.00	\$ 795.00
fifth month	\$2,160.00	\$1,080.00

Fee: _____ \$ _____

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(Check and complete the next item, if applicable)

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Extension fee due with this request \$_____

OR

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY
TOTAL INDEP.	MINUS	=	x \$25.00 = \$	x \$50.00 = \$
	MINUS	=	x \$100.00 = \$	x \$200.00 = \$
<u>— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM</u>			+ \$180.00 = \$	+ \$360.00 = \$
TOTAL ADDITIONAL FEE \$			OR	TOTAL ADDITIONAL FEE \$

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$ _____

FEE PAYMENT

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7. Other:



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611 Olive Street, Suite 1611
St. Louis, MO 63101
(314) 584-4080

Docket No. 135273 (SPLG 1042)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Erik N. Steen

Art Unit: 2671

Serial No.: 10/719,773

Examiner: Roberta D. Prendergast

Filed: November 21, 2003

For: **METHODS AND SYSTEMS FOR
GRAPHICS PROCESSING IN A
MEDICAL IMAGING SYSTEM**

REQUEST FOR RECONSIDERATION

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the Office Action dated May 4, 2006, Applicant respectfully requests reconsideration in view of the following comments.